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ACCOUNT# 04-1709

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Deposited on: March 3, 2004

DUNLAP, CODDING & ROGERS, P.C.

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	Not Yet Assigned
	Filing Date	Herewith
	First Named Inventor	Gary Allen Olsen, et al.
	Group Art Unit	Unknown
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number	7651.012

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See remarks below:
Remarks 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page); 3. Patent Application Fee Determination Record (1 page); 4. Combined Declaration and POA (4 pages); 5. Information Disclosure Statement (6 pages); 6. Form PTO/SB/08A and 08B (2 pages); 7. Formal Drawings (5 sheets); 8. Complete Application (37 pages); and 9. Return Receipt Postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 Attn.: Douglas J. Sorocco, P. O. Box 16370, Oklahoma City, Oklahoma 73113
Signature	
Date	3.3.04

CERTIFICATE OF MAILING	
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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004 <i>Patent fees are subject to annual revision.</i>	Complete if Known	
	Application Number	Not Yet Assigned
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	First Named Inventor	Gary Allen Olsen, et al.
	Examiner Name	Unknown
	Art Unit	Unknown
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. 7651.012
TOTAL AMOUNT OF PAYMENT (\$)		514

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1700 Deposit Account Name: Dunlap, Coddling & Rogers, P.C. Customer No. 30589 The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																													
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Douglas J. Sorocco	Registration No. (Attorney/Agent)	43,145
Signature		Telephone	(405) 607-8600
		Date	03/03/2004

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 PO Box 1450, Alexandria, VA 22313-1450